



SUMMARY OF THE MEETING OF
THE NATIONAL HIGH BLOOD PRESSURE COORDINATING COMMITTEE

July 11, 1977

Bethesda, Maryland

CONTENTS

	<u>Page</u>
Introduction	1
Introduction of New Committee Members	1
Comments and Discussion on "A Review of Techniques and Training Programs for the Measurement of Blood Pressure"	1
Statement of HBP Prevalence Data.	3
HBP Month, 1978	4
Hypertension: A Five-Year Overview	4
Fourth National Conference Update	5
Membership Criteria	8
New Candidates for Membership	8
Membership Subcommittee for October Meeting	9
Information Sharing	9

Introduction

Dr. Levy updated the status of current legislative action on authorizations related to hypertension programs. Both NIH authorizations, and the health revenue sharing portion of the HSA hypertension program, are reported out of conference committee. They are expected to pass the House and Senate and be transmitted to the President prior to the August 7 recess. Appropriations bills are in similar state, with significant differences between House and Senate NIH versions.

Dr. Levy and other key witnesses will appear at Congressman Pepper's Select House Committee on Aging on July 21 to discuss hypertension.

Mortality rates, based on National Center data, show total morbidity at 8.7 per thousand population for March 1977. This new low in death rates is in large measure related to hypertensive-related deaths, down 11 percent from March 1976.

Introduction of New Committee Members

Three new organizational members and their representatives were introduced: American Pharmaceutical Association (Maurice Bectel, D. Pharm., and Mr. Ronald Williams); American National Red Cross (Ms. Pat Bachman and Ms. Mary Anna Moore); and American College of Physicians (Dr. David W. Richardson).

Comments and Discussion on "A Review of Techniques and Training Programs for the Measurement of Blood Pressure"

Dr. Weinstein summarized the purpose of the paper as a review of techniques reflected in existing literature. He noted the special contribution of the American Heart Association in identifying specific issues related to techniques and training programs. He suggested that the Committee establish a specific position and recommendations on the review.

Dr. Weinstein then outlined a number of concerns he had regarding the content of the review:

- There seemed to be some unevenness in coverage, ranging from general policy issues to specific techniques.
- Home measurement methodology reflected a significant diversion of suggestions, including a misquote from one piece of literature. This quote was corrected by Dr. Moser. Dr. Weinstein strongly suggested that a clearer statement on home blood pressure measurement should be developed.
- Use of measurement devices needed to be set out relative to any stated policy regarding home measurement.
- The question arose of how specific the review should be in presenting a single or multiple methodologies and training programs.

Dr. Weinstein moved to consider the specific recommendations on page 30 of the review. Considered point by point, the recommendations met with general consensus until point four, a recommendation to establish criteria for the use of automated devices.

Mr. Ward explained that this recommendation was merely an internal preliminary one for consideration by the Committee only. He narrated recent liaison contact with the Association for the Advancement of Medical Instrumentation (AAMI), a group comprised of representatives from several professional organizations with an interest in standard setting for medical devices. AAMI had a strong interest in working on this problem area albeit admitting to severe difficulties in standard setting relative to high blood pressure. It was further observed that AAMI was seeking advice from the American National Standards Institute for work in this area.

Dr. Weinstein reported his concern with the ethical issues that could be raised because of the potential for commercial exploitation. Dr. Dustan observed that perhaps the recommendation was out of date. Mr. Ward noted that the recommendation was made in order to stimulate the flow of information on this topic, and not necessarily to set a standard, which would be beyond our scope and our resources.

Dr. Levy then requested Committee members to review the paper thoroughly, make comments and be prepared at the next meeting to adopt a Committee position.

Dr. Todd asked about the definition of the audience for the review. Mr. Ward responded that the review was primarily for the Committee to use as a thought piece which could, but might not, result in public documents, depending on Committee recommendations.

Dr. Cooper again raised the issue of why AAMI should be the working entity to deal with measurement devices rather than a federal agency such as FDA. Mr. Ward responded that FDA had no priority interest and no funding to take any immediate action, whereas AAMI had indicated a willingness to undertake this sort of investigation at once.

Dr. Moser expressed concern that the consumer needed some protection in this area, in light of the proliferation of these devices.

Dr. Weinstein asked under what circumstances it would be appropriate, desirable, prudent, economical, and wise to make measurement instruments available, and concluded that the answers to that question necessitated addressing a basic rationale.

Dr. Levy noted one such rationale: the continued detection of people with HBP, a basic purpose of the Program. He then called on Mr. Ward to investigate establishment of a subcommittee to study further action in this area but emphasized that the main function of any committee should be to deal with criteria, not actual measurement itself.

Finally, Dr. Levy asked the Committee to re-examine the document with an eye to formation of a subgroup to explore instrumentation.

Statement on HBP Prevalence Data

Dr. Levy noted that a variety of data are used in discussing hypertension, dependent on individual definitions of hypertension as well as on groups included or excluded. The draft document distributed to Committee members was a response by Program staff to a need projected at an earlier meeting. He asked Committee members to consider the draft statement for modification by the next Committee meeting.

Mr. Ward then proceeded to cover major points within the document that might be of concern to the Committee:

- The estimate of 23 million hypertensives was based on 1960 estimates and did not include certain important population groups, especially those over 74 years of age.
- Also not included are persons under 18 years of age.
- Controlled hypertensives, i.e., with BP below the WHO standard of 160/95 and on medication, are generally not included in estimates.
- Persons with BP between 140/90 and 160/95 and those in long-term care institutions, nominally defined as borderline hypertensives, have not been considered in previous data studies but deserve consideration by the Program.
- Those with normal BP measurements who reported being told they had HBP were included in reports published by the National Center for Health Statistics.

In constructing the draft on prevalence data, Program staff carefully weighed the above categories and made recommendations on which should appropriately be included. In most cases, because of limited data available, it was unreasonable to make estimates of these populations and they were consequently excluded.

For borderline hypertensives, it was found that this group could account for as many as 23 million people alone. Any identification and monitoring program would require extensive resources not readily available.

By way of illustrating potential extreme limits of the HBP problem, Mr. Ward noted that, using even rough gauges, there could be as many as 54 million hypertensives in the population. He further expressed hesitancy in making public such an estimate and observed that the precision of data was relatively unimportant in the face of enormous numbers such as 23 to 25 million. He concluded by recognizing the Program's accountability and the need for consistency in dealing with HBP statistics.

Dr. Richardson concerned himself with the question of standard measurement and Mr. Ward was asked for confirmation that the average BP was based on three measurements.

At Dr. Todd's initiation, a discussion ensued on the need for coordination and control of statistical compilations and interpretation of data. It was noted that, although nearly all agencies used the same source (NCHS), different groups extrapolated or manipulated the data to meet varying uses.

Mr. Gorman voiced concern over presenting divergent data to Congress and it was agreed that the Committee would avoid use of the 54 million figure. There was general consensus that the original estimate of 23 million should be retained and that a Program document should be developed to provide a standard base from which to work.

Dr. Levy then asked the Committee to consider, on the basis of the document distributed to them, whether such a Program document, suitably modified if necessary, would be useful to the community.

HBP Month, 1978

Mr. Ward observed that the intended use of April as HBP Month in 1978 would conflict with National Cancer Month and recommended that the event be executed in the traditional month of May, using the April 1978 National Conference as a focus for International Hypertension Month (scheduled for April 1978). The recommendation was approved unanimously.

Dr. Dustan raised the question of adequate publicity for the National Conference and Dr. Levy replied that the subject was on the agenda at a later point.

Hypertension: A Five-Year Overview

Dr. Theodore Cooper, former Director of the NHLBI, was introduced by Dr. Levy and traced the evolutionary stages of any national program. He observed seven distinct phases of development:

- Overcoming resistance to an idea.
- Overcoming resistance to implementing it within the Program.
- Overcoming attempts to exclude participants, particularly industry.
- Overcoming rigidity in Program planning and execution.
- ✓ Overcoming retrenchment and the desire for scientific purity.
- ✓ Overcoming fear of acknowledged success out of concern that success means going out of business.
- Overcoming resistance to termination.

Some observers of the Program have sensed a down-turn in enthusiasm and he urged continued commitment and follow-through.

The Program had been successful and had overcome notable barriers, particularly in changing patient and physician behavior. Furthermore, these changes had occurred in a relatively brief span of three years. Examples are improvements in health care, in education of health care professionals, and in medical research.

Significant progress leads to hope for completion of the task within five to ten years but Dr. Cooper warned that the principal job was still educational awareness, convincing health practitioners as well as the people themselves. And he held forth the talent of the marketing community as a vehicle by which to accomplish higher levels of awareness, suggesting that the Coordinating Committee had the responsibility to employ this talent to recharge the Program with vigorous activity in educational institutions at all levels.

Dr. Cooper concluded by outlining the ready availability of private and public sector resources for this sort of program and urged cultivation of them. Imaginative, driving leadership was needed to take the Program to its ultimate conclusion, with significant impact on the health of the American people. As a model of cost-effective, preventive medicine, the NHBPEP represents a tremendous leadership opportunity.

Mr. Gorman agreed that the Program needed to exercise new initiatives but observed that both federal and state resources were so limited as to dampen their participation. Dr. Levy expressed his hope that the future would see better progress at the state level through collaborative work.

Fourth National Conference Update

Progress Report

Dr. Krishan outlined results of the Third National Conference held in April 1977: well-attended abstract presentations to an audience of over 700 and subsequent animated discussion groups. As a now established gathering of various disciplines with interest in hypertension, the annual National Conference represents an important focal point for rekindling enthusiasm in HBP programs.

Dr. Krishan then moved to a progress report on the 1978 Conference. He credited the Conference Manager, Bob Bachman of Kappa Systems project staff, and members of the Planning Committee with getting conference planning in effect well ahead of schedule.

The Conference Planning Committee represents interest, commitment and enthusiasm in cardiovascular disease control, and includes

- Dr. Marvin Moser, Mr. Graham Ward and Dr. Harold Itskovitz (from the previous year).

- Dr. Charles Bookert from Westinghouse Electric Corporation, who is also president-elect of the National Medical Association.
- Ms. Kemlee White, president of the Washington Chapter of the American Association of Occupational Health Nurses, representing nursing interests.
- Dr. Joseph Wilber, Director of Adult Health, Georgia Stroke and Heart Attack Prevention Program.
- Dr. Joseph Rogers of Tuscon, Arizona, representing the osteopaths' point of view.
- Chairman of the Abstract Review Committee is Dr. Norman Kaplan. The other members of the Abstract Review Committee include:
 - Dr. Brian Haynes of Canada, who conducted an earlier successful conference on hypertension.
 - Ms. Edith Heide, an RN with the Illinois Department of Public Health's Chronic Disease Section.
 - Graham Ward.

The 1978 Conference will be in Los Angeles in April. Focus of the meeting will be progress and controversies in the control of hypertension throughout the world.

A main segment of the program will deal with emerging controversies in hypertension control, using plenary sessions to examine four major questions:

- Is screening necessary?
- Blood pressure treatment—therapeutic overkill?
- Who pays the bills?
- Who cares for patients?

Well-researched abstracts are expected to increase both in number and quality as more established investigators participate in the Conference.

The attending participants are again expected to represent broad hypertension interests, including physicians, nurses, health manpower planners, sociologists, economists, and others.

Funding

Dr. Krishan noted the problem of reduced financial support from the Program, although the Conference represents one of the Program's best opportunities for visibility. He was assured of staff support in lieu of budgetary assistance by Mr. Ward.

He then stated that Dr. Moser had agreed to assist in raising substantial funds to meet Conference needs.

Mr. Ward then offered a Planning Committee recommendation on the management of Conference funds. Noting that private contributions are difficult to handle through government channels, Mr. Ward proposed incorporation of the Conference to provide a legal entity to receive and disburse funds. Designation of a treasurer would provide control while maintaining equitable representation of sponsoring agencies.

Mr. Ward recognized the unlikely possibility of corporate liability and then demonstrated the advantages of this rather uncomplicated legality.

- Simple legal proceedings.
- Basic management structure in three trustees.
- Easy transfer of excess funds annually.
- Elimination of political and fiscal problems arising from receipt of outside funds.

Dr. Krishan moved that the conference be incorporated. Dr. Dustan seconded the motion.

Lengthy discussion followed in an exploration of the details of the functions of such an entity, covering the terms and roles of the treasurer and trustees, the question of government contributions to such a funding organization, and funding for incorporation.

Mr. Ward presented several alternatives. He said that governmental handling would likely prove unwieldy and untimely; that assigning the role to a single organization (e.g., the American Heart Association) resulted in unequal responsibility and power.

Further conversation centered on corporate versus individual liabilities, legal considerations and purpose of the corporation. It was agreed that Mr. Ward would undertake exhaustive discussion with NIH Legal Counsel if the Committee approved the issue in principle.

A vote in favor of the motion carried with one vote in opposition.

Publicity

Mr. Bochnek addressed the Committee's ongoing concern with lack of visibility and suggested a highly visible keynote speaker as a publicity attraction.

Dr. Moser observed that the Los Angeles site for next year's Conference might offer substantial benefits because of national media hookups and a special committee of the Los Angeles Heart Association set up to foster media coverage of hypertension.

Membership Criteria

Dr. Levy observed that membership criteria determined the overall viability of how the Committee functioned and noted that the draft that had been circulated to Committee members had received several comments.

The gist of previous Committee discussions had indicated a need for two levels of membership, one of a permanent nature and one for organizations interested in specific projects or short-term relationships with the Committee. It would be desirable for organizations eligible for permanent membership to be non-profit, non-commercial groups with national scope and influence. All other organizations would be classified as liaison members. This latter suggestion was recommended to Committee members in the draft criteria.

Dr. Todd's suggestion to replace "permanent" with "active" or "sustaining" was brought out. Dr. Panagis recommended some modifications as head of the Membership Committee. He then detailed the substance of that committee's report (copy attached). Some clarifications were offered in the discussion that followed:

- A "local" organization is one that functions only at the local level and has no national scope.
- The main difference in types of membership is voting. Mr. Ward noted that an annual renewal had been considered for liaison members but the Committee had omitted this clause as unnecessary.

It was moved and seconded that the above recommendations be approved. After a brief discussion of voting rights and qualifications for membership, the Committee recorded a consensus in favor of adopting the membership committee recommendations as offered.

New Candidates for Membership

Dr. Panagis then reported on the membership committee's recommendations on new members:

1. The American Optometric Association and the American Podiatry Association as liaison members.
2. The American Academy of Family Physicians, the American College of Chest Physicians, and the American Dental Association as regular members.

These recommendations were based on the criteria discussed earlier in the meeting. The motion to adopt these recommendations was made and seconded.

Dr. Williams asked for a clarification of the basis for difference in selection of organizations for the two kinds of membership, noting that members of associations chosen for regular membership normally measure and treat blood pressure whereas

those chosen for liaison normally do not, with the exception of the American Dental Association (recommended for regular membership). Dr. Panagis and Mr. Ward expanded on Dr. Williams' more restrictive understanding by stating that level of national activity in educational and promotional efforts was also a major element in membership consideration. The ADA had worked for some time with both Institute and Heart Association staffs in substantial and active programs to promote detection of HBP. Mr. Ward also observed an increasing use of BP measurement by dentists. Dr. Levy also added that dental education curricula now included HBP techniques. He then called the question on the motion and received a unanimous vote in favor of the membership recommendations.

Membership Subcommittee for October Meeting

Dr. Levy then selected a membership committee for the October meeting of the Committee: Dr. Panagis, Chairman, Ms. Lee, and Dr. Jasper Williams.

Information Sharing

This portion of the agenda was intended to share current data and information on HBP.

Dr. Todd noted that the AMA had a strong interest in coordination of committee activities and indeed had a channel by which to disseminate HBP information (Dr. Bill Carlyon, Director of Health Education). Mr. Gorman expressed gratitude about the levels of public media support achieved by the NHBPEP.

Dr. Panagis reported a visit by Roving Reporter and an apparent article under preparation by Readers' Digest on the subject of hypertension. He added that the Milwaukee program statistics showed incidence of deaths related to HBP to have decreased 21% between 1974 and 1976. He attributed this lowered incidence to the advent of the NHBPEP.

Dr. Bectel referred to the position paper distributed to Committee members in the agenda package and requested consideration of it at the October meeting. He raised the issue of blood pressure measurement interpreted as the "practice of medicine" and expressed hope that some form of mediation could be effected in such situations.

Dr. Carlyon indicated a need for a more systematic approach to the program's sizable objectives in line with Dr. Cooper's suggestions.

Ms. Lee related the AHA's role in contracting with the Bureau of Health Education to develop educational skills related to hypertension control and the development of educational materials for staff work in patient education. She noted the cooperative effort with the Heart Association. As a second major area of activity for AHA, work was underway with AMA, BHE, and the National Library of Medicine to develop both a data base of materials on HBP education and a national clearing-house for patient education material.